



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

REPORT BY

By Carol Day at 3:57 pm, May 05, 2014

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 105452	PRINTER SN 097.3584.331	DATE OF INSPECTION 05/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 Main St, Grandview, MO 64030		TIME OF INSPECTION 1:15 pm

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☒ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Guth Labs LOT # 13100 EXP. DATE 04/23/2015

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN DR5385 SIMULATOR EXP DATE 08/07/2014

☒ **CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .102%

TEST 2 .100%

TEST 3 .100%

☒ RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	1	(0-.04)	2	(.05-.09)	1	(.10-.14)	1	(.15-.19)	(OVER .19)
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Instrument meets D.O.H. Specs

INSPECTING OFFICER

SIGNATURE

PRINT NAME

Sgt Ryan Sharp

TYPE II PERMIT NUMBER EXPIRATION DATE
230233 10/17/2015

TELEPHONE NUMBER
(816) 316-4900

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

660 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 29, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is April 23, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00163

Temp Date Time 210^{9/}

Air Blank:
05/01/14 13:33 .000
Calibration Check:
22 05/01/14 13:33 .100

Subject Name

TEST 1

Subject I.D.

SHARP

Operator Name, I.D.

230233

Location

1200 MAIL

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00164

Temp Date Time 210^{9/}

Air Blank:
05/01/14 13:35 .000
Calibration Check:
22 05/01/14 13:35 .100

Subject Name

TEST 2

Subject I.D.

SHARP

Operator Name, I.D.

230233

Location

1200 MAIL

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00165

Temp Date Time 210^{9/}

Air Blank:
05/01/14 13:36 .000
Calibration Check:
23 05/01/14 13:36 .100

Subject Name

TEST 3

Subject I.D.

SHARP

Operator Name, I.D.

230233

Location

1200 MAIL

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00166

Temp Date Time 210^{9/}

VOID: REI
12 05/01/14 13:39

Subject Name

RFI

Subject I.D.

SHARP

Operator Name, I.D.

230233

Location

1200 MAIL



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
RYAN A SHARP

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT, ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 10/17/2013

NUMBER 230233

EXPIRES 10/17/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (6-10)

LAB-4 (13a-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
	INSTRUMENT OPERATOR CARD
<small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small>	
Operator SHARP, RYAN Permit No 230233 Date Issued 10/17/2013 Date Expires 10/17/2015	